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DISEASES OF FEMALES.

An Address delivered before the Berkshire District Medical Society, at Pittsfield, Nov. 23, 1852, by CLARKSON T. COLLINS, M.D., of Great Barrington, Mass., Fellow of the New York Academy of Medicine, formerly Editor of the New York Medical and Surgical Reporter, Member of the American Medical Association, &c. &c.

[Communicated for the Boston Medical and Surgical Journal.]

MR. PRESIDENT AND GENTLEMEN,—It is with mingled feelings of pleasure and pain that I appear before you in the capacity of a speaker. It certainly is most pleasing to my feelings to meet with so respectable a body of medical gentlemen, and to recognize in them that beautiful spirit of brotherhood which always exists among true scientific inquirers. But had I not been aware of your characteristic lenity, I scarcely should have ventured to consent to address you.

Even under more favorable circumstances, such an occasion as the present could not fail to cause powerful emotions in my mind, on account of my inability to do the subject *moderate*, not to say that *full* justice which it so richly deserves.

At a meeting of the Berkshire District Medical Society, held in Great Barrington, a few weeks since, its honorable Secretary, Dr. Guiteau, offered the complimentary resolution of invitation to me to deliver an address at the next meeting, upon the subject of a specialty which I had been pursuing. The venerable President of the Berkshire Medical College, Dr. Childs, who possesses all the vigor and enthusiasm of youth, which is guided by the wisdom that learning and experience imparts to age, in the course of the remarks he made in seconding the resolution, said that I need not feel it incumbent upon myself to prepare a labored discourse, but that if I would merely consent to come before the Society and exhibit the instruments I made use of, and explain the remedies I employed in the treatment of uterine diseases, he would promise that the gentlemen present would be satisfied. I shall, therefore, claim your indulgence to the full latitude of the doctor's promise.

As I am comparatively a stranger among you, I trust you will excuse me for making a brief explanation before proceeding farther, which may appear rather too personal at first view, for it is the reasons of my pursuing the slight investigations which I have in diseases of females, and for subsequently becoming a resident of this inland region of country. I am a native of the State of New York, and after pursuing my studies

and graduating in the city, I commenced my professional career in that metropolis. In 1843, I became connected with the New York Asylum for Lying-in Women, and about the same time the Eastern Dispensary, two of the many excellent medical charities of that city. These two institutions report annually over twenty thousand patients who receive attention from the medical corps connected with them. In this situation I found myself daily meeting with diseases of females, many of which could be traced either directly or indirectly to some abnormal condition of the organs of reproduction.

Such I also experienced in private practice. I was constantly annoyed and disappointed in my treatment of these cases. I sought to extricate myself by the experience of older members of the profession—and also read all I could find relating to these complaints. Others were making similar inquiries, both in this country and Europe. I saw that the true pathology of the disease still remained in obscurity. I determined to make myself a thorough student in that branch of medicine, and, gentlemen, allow me to assure you, I am still a student in the same department. I care not for the taunts and jeers of those miserable croakers, who gratify their own stupidity, as well as others of the same calibre, by talking about Dr. A, B or C's using a "spy-glass" to investigate diseases of women. Such ignorance is too plain to require even a passing notice.

I shall not attempt to array before you the names of the different writers upon these diseases; suffice it to say that some of them have written very practical and excellent works, and are justly considered good authority as guides in treating these afflictions.

The plates which I lay before you to-day are among some that I had prepared for a work on uterine diseases, which I contemplated bringing before the profession, and should have done so ere this had not unforeseen circumstances prevented. In 1849 I had an attack of pulmonary disease, which threatened to speedily terminate my existence by phthisis. About the same time domestic affliction overwhelmed me in the deepest sorrow, by the death of my younger and only brother, Dr. Chalkley Collins, who had then just received his degree in medicine, and was in the practice of the profession in New York, when he was suddenly cut off by the Asiatic cholera. Under such circumstances I took my family and sailed for Europe. After spending about one year abroad, I returned home, with almost the determination to abandon the practice of the profession. I sought retirement in the pure atmosphere of the picturesque hills of Berkshire, and by degrees I have been drawn into business, but have steadily avoided a general practice.

Such, gentlemen, is the brief history or accident of my residence among you. I now stand before you an humble advocate for the study of specialties. I would say to the younger members of the profession, or to those about entering the profession, first make yourselves thoroughly conversant with the corner stones of our art—anatomy, physiology, chemistry, botany, general principles, and then theory and practice. No man is properly prepared to study any specialty until he has had some experience in general practice; and even then he cannot do so to the

best advantage unless he is peculiarly favored by such opportunities as large cities afford. What a fine field there now exists in this widely-spread country for the exercise of talents which may have been cultivated in the study of diseases of the *chest, throat, the eye and ear, the stomach, kidneys and bladder*. Each of these divisions of the human body has had its special devotee, who has not failed to make himself world-renowned by some new discovery or improvement in the treatment of disease, in the course of his investigations. It is thus that knowledge in the science of medicine is accumulated, general practice perfected, and suffering humanity relieved.

But to return to the subject of diseases of females, particularly of the womb, and its contiguous organs. It needs but slight observation to see that the fairest and best of God's creation, in our country, are becoming sickly and puny; the very contrast of our New-England mothers. If the refinements of civilization bring upon us incurable diseases, we had better at once go back to primitive habits. Perhaps there is actually no more disease now-a-days than formerly, according to the number of people; there may be less acute and more chronic diseases. And the professional as well as non-professional are more severe and exacting in diagnosis, as well as therapeutics. For the sake of the preservation of our species it is to be hoped that this same feeling will increase. Let us for a moment start the inquiry, why should we not expect to meet frequently with derangements of the uterus, ovaries, and their adjunct parts, the bladder and rectum; and also to have other organs sympathizing with these when any lesion of either occurs? Such is their anatomical relation to each other and to the whole system, and the very important part they play in the animal economy, that were we merely to study them in the abstract, we should readily conclude that such a delicate structure, governed by peculiar physiological laws, would become the seat of disease. Slight experience in the practice of medicine confirms us in the belief that no part of the human body is so liable to functional derangement and organic disease as the female genital organs. No class of diseases have remained in greater *obscurity*; and none, I affirm, are *more susceptible* of treatment.

What a wonderful metamorphosis the female system undergoes at the age of puberty! The playful school girl is accustomed to look upon all of her associates, both male and female, with feelings of indifference, while nature is gradually developing and modelling her for another life; when suddenly new and strange ideas fill the mind—unknown feelings are awakened—and the lively and sportive girl becomes taciturn and shy; avoids her former associates and childish pleasures, and seeks retirement or other modes of diversion. The child has arrived at that important era in her life when she is to become a woman. Both body and mind undergo a change. The genital organs, which were previously dormant, become suddenly developed, and take on an entire new character, to be governed by natural laws. The naturally delicate and susceptible constitution of the female is exalted to an acuteness not before known; the sudden transition of the sexual organs from a state of apathy to one of great activity, renders them *particularly liable to disease*.

It is at this period of life that so many make such sad mistakes in wholly neglecting the physical training, the proper clothing to be worn, and habits to be formed. Such would make a good subject to be treated of at some length, pointing out prophylactic measures; upon the principle of the old maxim that an ounce of prevention is worth a pound of cure. I should be highly gratified to devote a chapter to the pathology and treatment of diseases peculiar to this interesting period in the life of females, but such must be reserved for another occasion. The present is only intended to hint at the importance of this vast field of inquiry, and to excite a more lively interest in the subject, on the part of the profession in this region.

Dr. Bennet, in his admirable work on "Inflammation of the Uterus and its appendages, and ulceration and induration of the Neck of the Uterus," makes these remarks in the Preface to his second edition. *"Guided by the clinical experience of the last twelve years—during which period I have constantly studied uterine disease in wide fields, and with the advantage of more accurate means of investigation than those generally employed—I have endeavored to demonstrate the important fact that INFLAMMATION is the key-stone to uterine pathology, and that unless the phenomena which it occasions be recognized and taken into consideration, all is doubt, obscurity and deception."* The same author also says that ulceration and induration of the neck of the uterus, may be considered the most common of all uterine lesions.

Any one who has had any amount of experience in the investigation and treatment of uterine disease, will, I think, fully concur with Dr. Bennet.

What are the most common causes which give rise to these troublesome maladies? They are various; anything which disturbs their natural function, or interrupts, materially, the laws of nature, may kindle up disease. In the married state, the most frequent cause of inflammation of the cervix uteri and ovaries, is the physiological congestion and excitement attendant upon excessive coitus; especially in the newly married, in whom it not unfrequently happens that the inflammation thus established is followed by ulceration, chronic disease engendered for life, and barrenness may be one of its sequelæ. But, gentlemen, it will not do to be too positive in assigning this as the cause of the disease, upon making our speculum examination, for I assure you that I have often found quite extensive ulcerations, and a highly-congested condition of the cervix, with chronic inflammation of one or both ovaries, in unmarried females in whom I was obliged to rupture the hymen with the speculum, in order to treat them. A practised eye, however, will readily distinguish the difference of cause, on seeing the disease.

As a matter of course, such cases are of considerable standing, and more or less aggravated in their nature, for it is only by long sufferings and after every other means have been tried, that young ladies are driven to submit to the proper treatment. I mean my remarks here to apply to the cervix uteri, and not to ovaritis, for the latter disease I have found more common in the unmarried.

Dr. Coale has recently published some articles in the Boston Medical and Surgical Journal on "Uterine Displacements," wherein he lays

great stress on the present mode of ladies wearing their clothes suspended upon their hips, and across the lumbar region, and so pressing upon the contents of the lower portion of the abdomen as to cause displacement of the uterus. I have often thought of the same thing, but by taking considerable pains to ascertain the truth of this, I really have not been able to fully satisfy myself that this was the principal cause in a single instance; although it appears to me to be reasonable to suppose that the present fashion of wearing so many pounds weight suspended about the waist must have a deleterious influence on the health, and may act mechanically as well as physiologically upon the uterine organs. The old fashion of wearing shoulder-straps to the petticoats, I think, would be much better. It seems to me the fact is, some females are naturally peculiarly predisposed to uterine diseases; as we see it the case in other complaints, such as consumption, follicular disease of the throat, &c. It becomes us, however, as physicians, to endeavor to study how to cure disease, if we cannot always ascertain the exact cause.

That a structure possessing such vascularity as the womb and its appendages, governed more or less by moral influences; subjected to constant and varied excitements either by the mind or in performing its natural functions; or by the different movements of the body in walking, leaping, dancing or lifting; being so intimately and peculiarly associated with other organs and their functions through the medium of the nervous system; and being suspended or supported in the most delicate and frail manner, and affected by the slightest deviation from its natural position, should very often become the subject of disease, is not at all surprising. And when once affected, its relative position invites an increase of disease, so that the doctrine of the *vis medicatrix naturæ* is less applicable here than in almost any other class of disease.

Constipation of the bowels may cause engorgement of the cervix uteri, and *vice versa*; for we generally have a torpid condition of the lower portion of the bowels, when uterine disease has been of long standing. Ulceration and prolapsus may follow an accouchement where proper care has not been observed in regard to the patient's standing on her feet or sitting up before the uterus and vagina have regained their tonicity and position; or where the bowels have not been properly attended to.

Pardon me, gentlemen, for giving a single illustration of the effects of neglecting the bowels after parturition. The case occurred in New York city, and is by no means an isolated one.

A lady of about 30 years of age, possessing a good constitution, had borne several fine healthy children, and had previously got along after her confinements without any difficulty. Her physician, a little past the middle age, who had attended her with all of her children, a short time previous to her last confinement became a convert to the infinitesimal theory of medication. (He now enjoys an immense practice, but did not formerly.) On the second day after delivery, the nurse asked the doctor if she should give madam a dose of castor oil? He replied "no"! Then what should it be—rhubarb and magnesia? "No."

Should she administer an enema? "No," said the doctor, "I have learned at last the *true theory in medicine*, which is not to interfere too much with the laws of nature; madam's bowels will be moved as soon as nature requires it." So the case went along a few days more, trusting to the *doctor's nature*. Both patient and nurse spoke to the physician again after waiting as long as they dared to, upon the same subject, and referred to her previous confinements, and how well she had got along under the "old-fashion" practice of taking a mild laxative after her confinements. The doctor now intimated to them that he fully understood his own business, and did not wish to be dictated to, and that all the uncomfortable feelings in madam's bowels would soon pass off if they would only exercise due patience; but he persisted in not allowing any physic to be given. The woman went just *fifteen days*, when the nurse gave, on her own responsibility, a large dose of oil, and in the course of a few hours afterwards administered an enema. Defecation was performed with the greatest difficulty, causing intense pain as the hardened fæces, which had been so long accumulating in the colon and rectum, came away in large masses. All this, as you would suppose, caused an *admirable* case of prolapsus and induration, which was followed by ulceration of the cervix, and chronic ovaritis. The attending physician received his *quid pro quo* of *twenty dollars* for causing the disease, and I charged *seventy-five* for curing it. So you see, gentlemen, we ought not to complain, so far as our pecuniary interest is concerned; but honesty towards ourselves as well as the public compels us to speak the truth, though the "heavens fall."

Homœopathy is an hypothetical fabrication in metaphysics which will only remain a *stupendous monument* to human folly. It has never given us a single improvement in the healing art, and merely tends to establish one practical fact, viz., that a peculiar hallucination in medicine may become epidemical in its character.

[To be continued.]

RESPIRATION SUBSERVIENT TO NUTRITION.

[Continued from page 457.]

WHAT, then, is the great end of respiration? Does it sustain any relation to nutrition? Is it indirectly or directly subservient to that perfect elaboration of the nutrient fluid by which it is fitted to build up the tissues, and sustain the organs in all their vital functions?

Indirectly, it is subservient to nutrition, in the higher animals, by the very maintenance of the appropriate degree of animal heat. It is not in inorganic chemistry alone that heat promotes energy and intensity of action. In vital chemistry, in living functions, the same phenomena are observed. While a certain degree of heat is best adapted to the healthy and vigorous activity of each animal, a lower degree will retard it, even to the stagnation observed in the hibernating state; and a higher degree will accelerate the vital functions to an extent incompatible with the preservation of life for any length of time. Animals under such circumstances

live too fast, and soon wear out. This is especially seen in the lower animals who are dependent upon the surrounding media for their temperature. But the higher animals are not thus dependent. They are constructed upon a plan, which furnishes them with internal resources to resist external influences. The very form and habits of the inferior animals are controlled by surrounding circumstances; the form, habits and life of the higher animals are shaped by a power within them, which often prevails over powerful antagonistic influences from without. The lower animals are acted upon by the external world; the higher so formed as to act upon it and to mould it to their purposes.* And this independence, this internal energy, is in a great measure owing to their capacity of preserving their proper temperature, amid the changes in that of the surrounding elements. This uniform temperature, exactly suited to the nature of each animal, promotes and secures a constancy, precision and energy in the nutrition of the tissues and in all the vital functions, that supply the animal with resources and power within himself to work out his destiny, in the face of opposing influences in the world around him. Without doubt, too, it promotes those important changes which are going on in the nutrient fluid itself, giving energy, rapidity and precision to all those processes by which it is perfected and prepared for the nutrition of the tissues. Thus the peculiar animal heat of the higher animals is the handmaid of that vigorous nutrition, by the constant self-sustained activity and energy of which they are prepared to meet all the exigencies of their higher condition and are able to mould surrounding circumstances to their wants, instead of being moulded by them.

So, also, respiration may be indirectly subservient to nutrition, in all animals, by its power of removing carbonic acid from the system. The large amount of carbonic acid formed in the higher animals in the process of calorification, if not immediately removed, would exert a most pernicious influence upon all the vital functions by which the nutrient fluid is elaborated and appropriated by the tissues. Indeed it would speedily arrest nutrition and all its subordinate processes. This excretion of so deleterious a substance, has therefore indirectly a most important bearing upon nutrition. The same may be said, though in a lower degree, of the more limited excretion of carbon in the inferior animals.

Moreover, though much of the carbon used in the calorification of the higher animals is derived from a part of their food especially designed for this purpose, a very considerable portion of it is also derived from the decomposition of the tissues. This is probably the almost exclusive source of the carbonic acid given off by the respiratory organs of the lower animals, when in a state of activity and excitement. This activity is only maintained at the expense of the tissues in which it is manifested. They are used up to maintain it. As in mechanics there is no force exerted without loss of power, so in life there is no vital force exerted without loss of material. The old material is used, is decomposed, and new material is substituted, is assimilated. And

* Agassiz.

so far as the formation and excretion of carbonic acid is thus connected with the exchange of old for new material in the tissues, or, in other words, with the nutrition of the tissues, just so far is the decarbonizing function of respiration most intimately related to nutrition. Indeed this would seem to be something more than indirect subserviency.

But, still further, the new supply of nutrient fluid coming directly to the respiratory organs from the digestive apparatus, is, in the higher animals, rich in carbon, and perhaps in all animals may require the removal of some carbon from it, to adapt it to the purposes of assimilation. If so, here would be a still more direct agency of the decarbonizing function in preparing the nutrient fluid for nutrition. Considering respiration, therefore, in this point of view, that is, with reference to the excretion of carbonic acid, it is certainly subservient to the nutritive processes indirectly in a most important way, and probably has even a direct bearing upon the preparation of the nutrient material, and upon its application to the uses of the living tissues. Thus both calorification and decarbonization are not to be regarded as final causes, as the great end for which we breathe; they are but means subservient to a higher end, and that end is nutrition.

But is it only in these points of view that respiration is to be regarded as subservient to nutrition? Is it only by maintaining animal heat, and excreting carbonic acid, that it ministers to this cardinal function? It seems to me that there is a higher point of view to be taken of this connection; that respiration has a more important office to perform than either of the two which have been mentioned; that it has nobler work to do than the mere drudgery of preserving the proper temperature and removing useless or noxious substances; that it is not a mere builder of fires and sweeper of apartments, but is a chief artist in nature's workshop; that it has a most direct and positive agency in the elaboration of the nutrient materials; that it puts the finish upon the work of the subordinate functions; that its office is to bring the vital fluid to a state of perfection, and thus present it to nature ready for her use.

The distinguishing phenomenon of the respiratory process is—the consumption of oxygen. This introduction of oxygen into the system is unquestionably its primary, fundamental office. It is universal, it is everywhere indispensable to life, it is not subordinate or incidental to any other process. The excretion of carbonic acid may, perhaps, prove to be universal, but the large excretion of this substance in the higher animals is merely incidental to the calorifying process, and even the more limited excretion of it in the lower animals, when active, may be considered as chiefly incidental to the decomposition of the tissues; and it still remains to be shown, that the carbonized products of the tissues, wasted by vital action, may not be removed from the system of the lower animals by the agency of the liver or some other excreting organ of a similar character. The reception of oxygen into the system is, however, beyond dispute, a universal, a necessary, and a primary or fundamental office of the respiratory function.

And this oxygen is not received into the organs of respiration merely to extract carbon from the blood, by attracting it through the thin walls

of the bloodvessels, and air-vesicles, and then passing off with it in the form of carbonic acid. It is now well known that the carbonic acid is formed in the system, and is brought in the veins to the lungs and there thrown off, (and may even be thrown off freely when no oxygen is inhaled), while the oxygen is received into the system and accompanies the arterial blood on its proper mission. It may, indeed, abstract some carbon from the newly-formed chyle, and thus may form some carbonic acid in the lungs; or it may, perhaps, exert there some other influence upon either the new, or the older parts of the nutrient fluid, or upon both; or it may produce some important change in the nutrient fluid as it accompanies it in the arteries; or it may reserve its forces till it reaches the capillaries, and there act directly upon the living tissues. It does not expend its power in the lungs in the formation of carbonic acid, but either acts directly upon the nutrient fluid, or goes with it to act upon the living tissues in all parts of the body. And here it must be remembered that oxygen is one of the most important elements in inorganic and organic compounds, that it is one of the most powerful agents both in natural and vital chemistry.

Now for what purpose is such an agency as this brought to bear upon the vital fluid just before it is ready for assimilation, or even brought to bear directly upon the living tissues? Is it probable that it only enters the circulation and passes round the system as a mere vehicle to take up the useless and injurious particles of carbon and carry them out? Are we sure that the vital energy of the tissues is not competent to this excretion of carbonic acid, as well as of the elements of bile or urine? Is oxygen merely a laborer's wheelbarrow, to be passed up and take its load of carbon and carry it away? Has not this powerful and indispensable element a higher office than this, and one more closely connected with the perfect formation and assimilation of the nutrient fluid, and the vital action of the tissues themselves? There is a most significant fact bearing upon this point—that throughout the whole animal kingdom, the nutrient fluid, be it in the form of chyme, chyle, or blood, must in every case be first exposed to the influence of oxygen before it is prepared for assimilation; and having once gone round, and returned to the heart, it must again go to the lungs to be oxygenated before it is prepared to be offered a second time for the use of the various tissues. This appears to be the last stage in the process of preparation, and an indispensable one. By this the elaboration of the nutrient material is perfected and it is finally fitted for use.

In cases of death produced by suffocation, or of a depression of the vital actions by this means, it has been commonly supposed that the brain and other organs are oppressed by the poisonous influence of the carbonic acid in the blood. Whatever may be true with respect to the poisonous influence of the carbonic acid, is it certain that this oppression is not in some measure owing to a deficient supply of the proper material for nutrition? If the exercise of vital functions is carried on at the expense of the vital elements composing them, if all vital action involves waste of tissue and depends upon it, may not this oppression be partly or even chiefly owing to a deficiency of appropriate

materials to supply this waste, to sustain the vital action of the brain and muscles? This is the more probable, or rather the more certain, inasmuch as these same phenomena of asphyxia are produced by the inhalation of hydrogen and nitrogen, which permit the carbonic acid to pass off freely, but do not supply the blood with oxygen. And not only are the tissues deprived in this way of the perfected nutrient material necessary to sustain their vital action at each moment, they are also deprived of the stimulus to action which such perfectly elaborated material would furnish, and which, perhaps, the oxygen itself may also afford. Thus, on account of the deficiency of oxygen in these cases, there is not that needful stimulus, and that supply of the elements of force, which the active exercise of these functions requires. May not this be one reason why the blood is accumulated in the lungs—not merely because there is a poisonous substance mingled with the blood that is otherwise adapted and sufficient for its purposes, but also because there is a deficiency in the blood itself, a want of that vitality which oxygen would produce in it, so that it cannot now supply the appropriate stimulus to the organs themselves, to the minute vessels and cells of the lungs, to the elements of the nervous, muscular and other tissues, and also cannot supply the necessary nutrient materials at the expense of which the functions must be carried on.

The phenomena of etherization show, that with good aerated blood a substance may be mingled producing a most oppressive influence upon the system without interfering with the more vital functions, thus not destroying vital action, but merely suspending or modifying it in certain respects. And even though carbonic acid exerts a more powerful and oppressive and often fatal influence, it would seem to be not this, but rather the privation of oxygen, that arrests the vital action and stagnates the living current in the midst of its course, by withholding from the blood and the tissues the influence of that powerful agent by which their vitality is maintained.

That the oxygen consumed in respiration has such an influence directly upon the blood, or the tissues, or both, and is not destined merely to the formation of carbonic acid, is evident from the fact that more oxygen is consumed than is given out in the carbonic acid.

This is especially obvious in some of the lower animals, in which the amount of oxygen consumed is three times as great as that given out in the form of carbonic acid. So that even supposing there is no carbonic acid formed wholly from the decomposed tissues, and that all the oxygen given out in the carbonic acid is furnished by the respiratory organs, there is still an excess of oxygen which can exert the direct influence upon the vital fluid and the tissues referred to above. But it is not at all improbable that a large part of the carbonic acid supplied by the wasting of the tissues in vital action may be furnished wholly in the form of carbonic acid by those tissues. If so, there would be a still larger surplus of inspired oxygen to be applied directly to the perfecting of the nutrient fluid.

I cannot in this essay enter fully into any of these topics. Indeed, my design has rather been to bring forward these questions, which have

been started in my mind by a consideration of the recently established facts of the chyme-, chyle- and blood-circulation of the several great divisions of the animal kingdom. Here certainly is a broad field for research upon some of the most important points in physiology.

In the imperfect survey above taken of this field, some things have been stated with a degree of confidence that the facts seemed to demand, but many things have been presented only as questions naturally raised and requiring an answer.

So much, however, may be fairly considered as established :—

That respiration has not exclusive or even principal reference to calorification, but has reference to some more important, universal, fundamental influence upon the animal economy, which may be exerted at any temperature in which organic life can be maintained, and without reference to the maintenance of that temperature ; and that its calorific function in the higher animals is only a secondary adaptation of it to their peculiar circumstances :

That the decarbonization of the blood, even if it prove to be universal and necessary to life, is a function incidental to other processes, and by no means the primary and essential office of respiration :

But that the cardinal office of respiration is to supply the blood with oxygen, which by its powerful agency may perfect the nutrient fluid and fit it for assimilation, and which may also, perhaps, act directly upon the living tissues, thus having a most direct and intimate relation to the great central function of organic life, nutrition.

[To be continued]

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of *L'Union Medicale*.—Translated from the French by D. D. SLADE, M.D., Boston, and communicated for the Boston Medical and Surgical Journal.

FOURTEENTH LETTER.

MY DEAR FRIEND,—What did I wish to prove to you in my last letter ? That observation had by no means demonstrated the contagion of syphilis from the nurse to the child, and from the child to the nurse, without the presence of primary accidents : that nothing was less established than that pretended contagion of secondary accidents, and that in all the cases invoked as a proof of this mode of transmission, either the essential details were wanting to bring about conviction, or evidently it was a question of primary accidents.

Mark well, I beg of you, that I do not reject in an absolute manner this mode of the transmission of syphilis. I only say, not quitting the field of strict observation and the rigid analysis of facts, that the existence of this mode of transmission is not yet proved, and I add that if it is ever proved, it will only be by inoculation ; inoculation alone being able to furnish the undeniable demonstration of this, and to put the subject forever at rest.

But are you going to say to me—do you forget, then, that some persons pretend to have proved by inoculation even, the contagious pro-

perties of secondary accidents? No! certainly not, I have not forgotten it. I wish that I could. I should not thus find myself under the painful obligation to cast too legitimate doubts upon the experiments made by men whose works I honor, but who appear to me to have concluded upon this subject with a little precipitation.

Wallace has published two observations of secondary inoculation followed by results which appear positive. This writer upon syphilis well says (*Syphilidologie* de Behrend, 1841, page 60 et suiv.) that he has determined in healthy individuals inoculated with pus taken from patients laboring under the influence of secondary accidents, first, primitive, followed later by confirmed secondary accidents. It is very certain that as far as effects produced and as results, the observations of Wallace have at first something plausible. But what is not demonstrated at all, is the nature of the accidents reputed secondary in the patients from whom the inoculated pus has been taken. Here, the most important details are wanting. They are content with saying that in the first observation the patient had syphilitic psudracious pustules of fourteen days' standing. In the second observation the same pustules are mentioned as dating from four weeks, and forming little crusts. In the first case the subject was inoculated upon the shoulders; in the second, upon the prepuce.

But, first nothing proves that the psudracious pustules from which Wallace had taken the pus were secondary accidents. The form, the number, the seat of the pustules, would not suffice to give them this character; for this, another thing is necessary, which we do not find in the observations of Wallace.

On the other hand, what precautions did he take after having inoculated? In a venereal hospital, where we find the virulent matter everywhere, the subsequent contacts are so easy, if after artificial inoculation the punctures are not guarded from every contact, as we are in the habit of doing, by placing them under a watch-glass, and causing this *syphilitic grain* to germinate under cover; if the instruments of which we make use have not been washed with the greatest care; if, in a word, the most minute precautions have not been taken, it is impossible, in circumstances so serious and important, to draw strict conclusions.

I am much the more exacting in these observations of Wallace, inasmuch as there passed something unusual in the results of the inoculation.

In the first subject inoculated, the 15th November, *it is not until the 14th December following*, that there formed upon the place of the inoculation a little papule, covered with crusts, below which a small superficial ulcer was discovered. From this the evolution of the symptoms described by Wallace, and which might have an entirely different origin.

In the second subject inoculated upon the prepuce the 1st of June, *it is not until the 28th of June* that a little crust of a dirty-yellow color, surrounded by an areola, is found upon the parts until then abandoned to themselves without any precautions. The glands in the two groins are swollen, the spot covered with crusts is scarcely excoriated; the 24th July, the entire body is covered with an exanthema, the characters of

which appear to be syphilitic. At a later period, some accidents are discovered about the anus, the origin of which is not ascertained; without doubt from the description, these accidents greatly resemble the mucous tubercles, and these tubercles exist also upon the scrotum, upon the back of the tongue and upon the tonsils; but the raphé of the patient is *red and much tumefied*; the patient says that in walking, a *very considerable oozing escapes from the anus*. Now, the tumefaction of the raphé and the intra-anal suppuration are often met with in the chancre or primary ulcer of this region. The primary accident contracted *à preposterâ venere* has for its favorite seat the anterior portion of the anus where the raphé meets it. There is, then, in the case of this patient, more probability for the existence of a primary accident which had commenced in that region, and about which no previous inquiries had been made, than there is in placing the commencement of the disease in what had been observed upon the prepuce, which had not presented any of the symptoms by which syphilis commences. I add that in well-made inoculations, the evolution of the symptoms may be sometimes slow, but it is always constant, and we never see the interval of *a month or twenty-eight days* between the inoculation and the appearance of the accidents.

Thus, my dear friend, what motives there are for doubt in these two observations of Wallace! After the analysis that I have just made of them, I cannot think that they will still serve as a support to the doctrine of the inoculation of secondary accidents.

I have just told you of the possibility of *an anal chancre* in the case of the second patient. This supposition appears to me to be so much the more well founded, as that in England they seldom search for this seat of chancre—the English medical customs reflect that sort of far-fetched modesty which characterizes this nation. I recollect that in a trip to London, they showed me at St. Bartholomew's hospital, with a kind of earnestness, some males and females affected with secondary accidents which were considered as the immediate result of contagion. My friend Dr. Acton was present at this exhibition. You are aware that I think infinitely little of constitutional syphilis d'emblée, by way of contagion; so that, making use of my *right of search*, I put myself upon the way. I laugh still at the startled air of the house-surgeon and his assistants, when carrying a bold finger and a scrutinizing look into certain mucous folds, I succeeding in discovering in the *perfidious Albion* a back door. I ought to add, that immediately the house-surgeon threw a veil, or, less poetically, let fall the sheet upon these too visible marks of a contagion very easily explained.

To return to Wallace; it is very singular that he who has made such a great number of inoculations, has succeeded in inoculating secondary accidents only in two cases, and that he has so badly demonstrated these. These cases constitute an exception, and there cannot be an exception here. The secondary accidents either do or do not inoculate. Please to recall what I have said upon those cases of blennorrhagia of Bell reputed exceptional; there could not be for them any exception, and experimentation has in fact proved that the *exceptional cases* came under the law of inoculable chancre.

But if the facts which have passed upon the other side of the channel can, as I think to have proved it, raise up very reasonable doubts, here is a fact which has taken place very near me, and which appears to present more value.

It was at the Hospital du Midi that this fact took place. I should not have the liberty to speak to you of this, had not an interested party, too interested in fact, given me the right.

It is concerning secondary accidents inoculated from a patient upon a healthy individual. The inoculation has perfectly succeeded. One of our brethren, who without being a *causist*, is not, however, favorable to experimental researches, has himself practised this inoculation, and has planted upon each of the fore-arms of one of the internes of the hospital a chancre which has indurated, and which has determined the indolent enlargement of the axillary glands, and which in the four months which followed has given place to perfectly well-characterized secondary accidents, nocturnal cephalalgia, falling out of the hair, scabby eruptions upon the scalp, mucous tubercles upon the velum palati (psoriasis of the mucous membranes), &c. ; it is the constitutional verole, the least contestable possible, and I have no desire to contest it.

But—and there is all the question—of what nature were the accidents which furnished the pus inoculated ? The patient from whom was taken the inoculable matter, according to the observation which has been given me by the interne inoculated, was affected with an indurated chancre of six weeks' standing, and cicatrized ; he had mucous tubercles about the anus—ulcerations about the great toes, pustules accumulated upon the thoracic region ; large pustules covered with crusts, below which, ulcerations progressing and having a tendency even to spread, were seen ; there existed some of these in the inguinal regions and upon the side of the chest where the principal group was seated.

Before the pupil was inoculated, the pus of these pustules had been inoculated upon the two thighs of the patient himself. This inoculation had given a positive result, a circumstance which, *without a great passion for experimentation, ought to have prevented the inoculation upon a healthy individual.*

This patient had then very certainly a constitutional syphilis, which presented characteristic accidents, and of a nature incontestable. *But were all the accidents in him absolutely of the same nature ?* The constitutional verole, as we know, does not in any way prevent the contraction of new primary accidents, accidents unlimited in their number, and infinitely varied in their seat. In this particular case, the accidents from which the pus had been taken : *ulcers increasing*, covered with crusts, very extensive, in an individual only six weeks under the influence of the syphilitic diathesis, offering in the other regions the regular evolution of secondary accidents of that period, permit me to offer a doubt, which for the student who has undergone the inoculation, is to-day a certainty, viz., that the accidents from which the pus had been taken *were not secondary accidents.*

I did not see the patient who furnished the inoculable pus ; he soon quitted the hospital after this experimentation, and *the pupil interested*

could not find him again. But the importance of this fact, however contestable it may be, has induced us, my honorable colleague M. Puche and myself, to recommence a series of experiments upon the inoculation of the secondary accidents. We have already made twenty experiments, all of which have only afforded us the results formerly obtained, that is to say, *negative results*. The inoculations have been made with the pus of mucous tubercles, of the ecthyma, of rupia, of ulcerated tubercles, of secondary serpiginous ulcerations; never have we obtained anything. Here, upon this subject, are two curious observations which have had as witnesses the numerous students who follow my clinique.

Two patients, lying side by side, ward 1st, Nos. 16 and 17, had, No. 16 a scabby ulceration upon the axillary region, progressing and serpiginous; the other, No. 17, an ulceration upon the posterior and right side of the neck, of from six to eight centimetres in diameter, progressing, healing in the centre and extending itself in circumference; this patient had still upon other regions, isolated rupia, ecthyma confluent, and upon the greatest part of the trunk and of the limbs he had characteristic cicatrices due to pustulo-crustaceous syphilitic eruptions.

These two patients were inoculated upon the thigh. Upon No. 16 the inoculation succeeded; success had been predicted: upon No. 17, we had announced that the inoculation would be *negative*—*it was negative*. Why? Because that the ulceration of No. 17 was truly secondary; while in the case of No. 16 the scabby ulcerative eruption of the axillary region, which had the aspect of pustular crustaceous eruptions belonging to constitutional syphilis, had been the result itself of an inoculation; and mark how. This patient had at first a scrofulous abscess in the hollow of the arm-pit; this abscess had been opened at the hospital; the dressing of it was difficult for the patient himself; one of his neighbors, affected with a phagedenic chancre of the genital organs, rendered him the service of dressing it, and with his fingers soiled by *the virulent pus of his own chancre*, had inoculated him. Without the very precise etiology of this case, the patient having had himself formerly symptoms of constitutional syphilis, this accident could have been attributed to the diathesis, and have been given as an example of secondary inoculation.

See, then, what care and precautions are necessary in order to avoid error.

Yours, &c.,

RICORD.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 5, 1853.

Physicians of the Poor.—Many people entertain the singular idea that all physicians of the poor, are poor physicians. In other words—they have no qualifications entitling them to higher aspirations or a more elevated practice. It is both ungenerous and shameful to doom a young man

to hopeless dependence, simply because he is ambitious of understanding every phase of his profession by a prompt, sympathizing attendance on the poor. Scores of excellent young physicians in Boston have drudged through years of hard service, with an expectation that the community would in the end appreciate their motives, commend their humanity, and assist in promoting their prosperity; but the city has many disappointed applicants for honest professional industry, and mainly because they were identified with poor patients. Others step at once into fashionable favor, with few of those qualifications which constitute the learned medical adviser, and ride triumphantly through life, without once doubting that they merit all they have. For the reason that young physicians are liable to ungenerous rebuffs, neglect and disappointments, and consequently are late in life before they are known to be any body, every charitable institution requiring a medical attendant should pay for his service. In Boston, especially, so amply are all the leading benevolent societies sustained by the public, that medical officers should be compensated for their attendance. A small sum, equal only to the rent of an office, or equivalent to the purchase of an annual suit of clothes, would be very thankfully received by many a modest and deserving medical beginner; and it is proper that some action should be taken in regard to the subject. Some years since, this *Journal* advocated a stipend for the dispensary physicians, which was obtained, and a very comfortable little income it is to a person who is earning little or nothing besides. If the junior members of the profession would make it a rule not to accept of these honorary appointments, without compensation enough to purchase at least the shoes worn out in the duties of the place, their prospects would brighten at a much earlier period than otherwise.

Water Beds. — A correspondent writes as follows: — "Occasionally a water bed is needed by the country practitioner. I have lately had such a case, and from the trouble and inconvenience which I realized, I am led to inquire as to the best mode of constructing or obtaining one in the shortest time and at the least possible expense, &c. &c. Will not you, or some of your numerous readers and correspondents, give us the desired information, as to materials, size, cost, &c.?"

When in England, we examined the celebrated water bed invented by Dr. Neill Arnott, Bedford Square, London, which is the simplest, most economical and comfortable of any yet brought to the notice of the public. A mere water-tight box, like a trough, eight feet long, by two and a half wide—two feet in depth, made of inch pine boards, dovetailed, being filled with water, is covered over the top with India-rubber cloth, secured within, to the sides, a few inches below the margin, so that no fluid can escape. On that a rose blanket may be laid, or a wool mattress, and this constitutes the patient's bed—the easiest and most delightful foundation for repose, ever suggested. There may be some trifling peculiarities in respect to preparing the wood, so that it may not absorb the water, by painting, but the main features of Dr. Arnott's water bed are essentially as here described. At the end, a plug probably commands the water, so that it may be drawn off and refilled, but we imagine that process is not necessary once in six months.

The Times, Character and Writings of Hippocrates.—Whatever emanates from the pen of Dr. Elisha Bartlett, bears the strictest scrutiny. He has

the happy tact of saying and writing just enough and no more, on the occasions which call for an exhibition of his power. His is not a boisterous turbulent stream, but a gentle, quiet flow from a clear fountain. Medical writers cannot reach the multitude; but they are always certain of having the cognizance and approbation of a disciplined class of minds whenever their productions are above mediocrity. Dr. Bartlett uses the English language to advantage, for he is always clear, logical and instructive. The work by which he is to hold possession of a niche in the American temple of medicine, is that on fever. A better or more thorough production has never emanated, we apprehend, from the medical press of this country. But to return to the published lecture on the times of Hippocrates,—there is a fascination about it not usually belonging to that class of writings; and when heard in his own voice, the effect upon the audience was no doubt flattering to the talented author. In these introductory lectures, which are now stereotyped exercises of the colleges, it would be an excellent departure from the stiff, perpendicular form of dissertations on disease, the action of medicine, the duties of physicians, and the like, to present fine specimens of literature—like the one before us, which will be sought with keener relish on account of being a novelty. Those who have a taste for fine writing, elevated sentiments, and mental progress, will find Dr. Bartlett's discourse a delightful entertainment.

Spiritual Medium.—On a former occasion, reference was made to the neatly executed little book published by Gould & Lincoln, called *To Daimonion*, or the *Spiritual Medium*. Having again looked into it, with every feeling in its favor, it is somewhat mortifying to be obliged to acknowledge that the author is learned beyond ordinary comprehension. Every line and sentence bears the distinct and unmistakable impress of a profound scholar, a deep thinker, and a progressive mind; and yet he will not be appreciated, simply because he cannot be understood. Perhaps the author, Mr. Traverse Oldfield, may be puzzled to know what we mean by all this. With no intention of doing him injustice, we regret that, in the main, the philosophy that pervades the pages of "*To Daimonion*" is above and beyond the reach of the mass of readers who are curious to ascertain what lies at the bottom of this rapping mania. Those disciplined like himself, the doctors of civil law, the grave and solemn men who feed on that kind of intellectual food which is stored up in out-of-the-way niches of university libraries, will feast on this production, for it is indeed strong meat, and by no means suitable, therefore, for babes.

Principles of Human Physiology.—No name to a work on physiology, gives readier currency to it than Dr. Carpenter's. He is in that department what Herschell is in astronomy, Sir David Brewster in natural philosophy, or Mr. Faraday in chemistry—the highest authority. Of course, every medical man who studies at all, is familiar with the Herculean labors of Dr. Carpenter as a voluminous writer, and is aware of the great amount of observation and research he must have performed before commencing authorship. It would be a needless waste of words, therefore, to preface any observation on a new edition of his excellent treatise on *Human Physiology*, by notifying the medical public, for the hundredth time, who he is or where he resides. Messrs. Blanchard & Lea, of Philadelphia, have brought forth the *fifth American* edition, with three hun-

dred and fourteen illustrations, edited, with additions, by Henry Gurney Smith, M.D., one of the faculty of the Pennsylvania College, whose matter is designated in the volume, wherever introduced, by an enclosure in brackets. Dr. Smith states that upwards of one hundred wood engravings have been introduced, through the liberality of the publishers. A preface by the celebrated author himself, in the fourth London edition, transferred to this, gives a complete history of the changes, modifications and improvements which characterize this great volume, which extends to *one thousand and ninety-one royal octavo pages!* In the whole range of the English, French and German languages, this colossal monument of individual scientific and literary enterprise, is without a competitor. It is the last, best and most comprehensive book of physiology, and should be on the table of every medical practitioner in the United States. Medical gentlemen wishing to examine a specimen copy, before ordering the work, can do so by calling at the office of the editor.

An Efficacious Expectorant and Sudorific. — A practitioner in Vermont transmits the following recipe, which claims the consideration of physicians at this particular season.

TO THE EDITOR, &c.—Thinking it the duty of every physician, when he has come across a remedy of *superior* efficacy, to inform the profession of it, I take this opportunity to forward a recipe for your disposal. R. Tinct. lobelia, f3 ss.; tinct. sanguinaria, f3 ij.; ol. mentha viridis, f3 ss.; syrupus empyreumaticus, f3 v.(5). M. Give half a teaspoonfull at bed time, or one in two hours, until it relieves. The above is of magical efficacy; I have known it used for some eight years; have used it much to my own benefit, given it liberally to my patients, and some of my fellow physicians have used it at my suggestion, much to the advantage of their patients. I use it in catarrhal affections, spasmodic croup, pertussis, asthma, &c.; in fact in all cases where an expectorant and sudorific are indicated. And it always meets my fullest expectations. I also find it very efficacious in subduing mucous inflammations about the *throat* and air passages. I ask of those who have not tried a similar preparation, to try *this*; and I think they will no more use hive-syrup for children, and will find an article which will more than fill the place of the popular nostrum known as Ayer's cherry pectoral.

The properties of these articles (lobelia and sanguinaria) being so combined, the relaxing properties of the one with the stimulating of the other, makes them much more efficacious and innocent in all complaints where either the one or the other has been found advantageous, especially for children.

Medical Profession in Prussia.—A statistical account of the medical profession in Prussia has just been published at Berlin. According to that document, there are at present 257 district physicians, 3,266 practitioners, 962 surgeons of the first class, and 973 of the second class—sum total, 5,488. These figures being put by the side of the amount of population, which was at the last census 16,216,912 souls, will give one physician or surgeon for about 3000 inhabitants. The number of veterinary surgeons is 828, and the apothecaries amount to 1,471.

Physicians in Iceland.—Mad. Pfeiffer, in her "Journey to Iceland," gives the following not very flattering account of the condition and rewards of the

profession in that country. She says :—" Among the salaried offices, the most laborious are those of the physicians and the clergy. Their circuits often embrace a distance of over a hundred miles. When the doctor is sent for in winter, the country people turn out with shovels and pickaxes to clear the road. They bring several horses with them, so that he may change from one exhausted animal to another during his long rides through the fog and darkness, the snowdrifts and storms. Often as he returns to his own fireside, worn out with cold and fatigue, he finds another summons. He must leave his family and face new dangers, before he has had time to relate the perils he has just experienced. The physicians receive but a small salary ; the priests still less. The richest benefices produce short of a hundred dollars."—*N. Y. Med. Times.*

Solution of Gum Shellac in Alcohol.—Since Professor Dugas's notice of gum shellac in alcoholic solution as a valuable external application to arthritic joints, I suggested it to a patient who has long been a sufferer with chronic rheumatism, and learned that at least four years ago he applied it on the recommendation of a physician, and with great relief for the moment. Finding it to fail after a while, he tried what he termed "*a better coating*" for the joints, which was a fresh egg beaten up with salt and spirits of turpentine. This he found more impermeable than the former, but like it was temporary in the relief it afforded.—*New Orleans Monthly Medical Register.*

Somnambulists in France.—A curious decision has lately been made in one of the lower police courts of Paris, with regard to the exercise of the powers of professional somnambulists. Without entering into the question whether any deception had been practised or intended in these cases, the court arrived at the conclusion that the parties were liable to a fine of fifteen francs and five days' imprisonment, besides the payment of costs, for an infringement of the law with respect to divinations and fortune-telling.—*N. Y. Med. Times.*

Medical Miscellany.—Smallpox has made its way into western Vermont.—A war has been commenced against pessaries.—What is thought of filling teeth with a solution of gum shellac?—Several new medical works are in progress.—Edwin Lankester, M.D., is the principal editor of the English Quarterly Journal of Microscopic Science.—Sir David Brewster is convinced that pointers standing out at various distances for the purpose of directing lightning to a rod, are useless—as the bolt is never diverted from its course.

TO CORRESPONDENTS.—The following papers have been received, and are on file for publication :—Chronic Laryngitis ; Case of Strangulated Hernia ; Finch's Obstetrical Supporter ; and Melanosis in the Horse.

Deaths in Boston—for the week ending Saturday noon, Jan. 1st, 1853, 83.—Males, 37—females, 46. Accidental, 1—inflammation of brain, 2—congestion of brain, 1—burn, 1—consumption, 10—convulsions, 3—colic, 1—croup, 7—debility, 2—dropsy in the head, 3—drowned, 1—infantile diseases, 4—puerperal, 1—erysipelas, 2—fever, 3—typhus do., 1—typhoid do., 1—scarlet do., 12—hemorrhage, 1—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 9—disease of the liver, 1—marasmus, 1—measles, 3—neuralgia, 1—old age, 2—teething, 2—inflammation of throat, 1—tumor, 2.

Under 5 years, 42—between 5 and 20 years, 11—between 20 and 40 years, 14—between 40 and 60 years, 8—over 60 years, 8. Americans, 26 ; foreigners and children of foreigners, 57. The above includes 7 deaths at the City Institutions.

On the Removal of Foreign Bodies from the Cornea.—M. Chassaignac was long, in common with most other surgeons, in the habit of endeavoring to extract foreign bodies that had been impacted in the cornea, by means of a cataract needle, during any interval of immovability of the eye that could be seized. This is, however, sometimes both a difficult and dangerous procedure, and this in part from the great mobility of the eye, and in part from the color of the imbedded body. Pieces of metal become rapidly oxidized, and assume a rust color, which is easily distinguished in light or blue eyes, but which so resembles the color of the iris in dark eyes that it becomes a matter of difficulty to bring the point of the needle exactly where it should come. Again, the body may be so minute, that, although capable of producing a keratitis, it is not discernible to the naked eye.

The movability of the eye increases the difficulty; and M. Chassaignac endeavors first to obtain what he calls an *immobility by tolerance*, by touching the ocular surface several times with the back of the needle. There are subjects in whom this education is difficult and tedious; and in very embarrassing cases, chloroform may be had recourse to, with excellent effect. This is, however, not usually proper for so slight an operation; and M. Chassaignac then steadies the eye by means of Lusardi's speculum, and magnifies the size of the object to be removed by a good lens. Upon an emergency, the surgeon may hold both the speculum oculi and the lens in the left hand; but it is preferable, after having fixed the former, to give it to an assistant to hold. The patient kneels down and sits on his heels, and the eye being now steadied, and the exact locality of the foreign body ascertained by the lens, its removal becomes easy.

All persons accustomed to this class of accidents must have been struck with the terrible intensity of the inflammatory symptoms induced by particles so minute, their persistence and aggravation as long as the foreign bodies remain, and their sudden diminution and remarkable benignity from the instant the exciting cause is removed. These cases are advantageously contrasted with inflammations of the cornea from other causes, which so obstinately resist the most active treatment, and never disappear with the like rapidity. The lesson to be drawn from this is, that predisposing causes play the greater, and local or direct causes only the smaller, part in ocular inflammations.—*Gaz. des Hopitaux*, No. 53.

New mode of taking Cod-Liver Oil.—I have read Mr. Selwyn Morris's "New Mode of taking Cod-Liver Oil," and quite agree with his general principle of using a bitter infusion. I have been in the habit of recommending to my patients the use of pale or bitter ale as one of the best vehicles in which to take the oil, be it cod-liver or castor. This description of ale being intensely bitter, and tonic to boot, from the large quantity of hops used in its manufacture, serves the purpose admirably; and another advantage is, that it can be obtained more readily than a quinine mixture or an infusion of quassia; and, moreover, being a stimulant, the stomach is also beneficially excited to retain and digest the fatty oil. As an extempore vehicle, I have frequently used the concentrated infusion of gentian (of course, diluted) with good effect; but when there is time to prepare an infusion, I would certainly give the preference to the quassia. Dr. Graves, of Dublin, advised an infusion of quassia for this purpose.—*Canada Med. Jour.*